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Image# 201510099002825323

**FEC** FORM 3Y

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORIW 3X	For Other	Than An Auth	norized Committe	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu	TYPE OR P	RINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	Since one only	
		050N0 B0			ALTTEE		
SOCIETY OF THE	HORACIC SUR	GEONS PO	LITICAL ACTIC	DN COMIN	/		
ADDRESS (number and							
Check if different		0 C					
than previously reported. (ACC		GTON			DC	20001-6704	
2. <b>FEC IDENTIFICA</b>	TION NUMBER ▼	CIT	Y 🛦	S	STATE A	ZIP CO	DE 🛦
C C00325936				IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPO (Choose One)	Repo	ort	20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Repo	Due orts:	On: Mar	20 (M3)	lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr :	20 (M4)	lul 20 (M7)	X Oct 2	20 (M10)	Jan 31 (YE)
July 15		12-Day  PRE-Election	Primary (12P	)	General (	(12G)	Runoff (12R)
Quarterly I October 19	Report (Q2)	Report for the:	Convention (	12C)	Special (	12S)	
Quarterly I  January 3	Report (Q3)	<b>-</b>	M M /	D D /	Y	in the	. —
Year-End   July 31 Mi	Report (YE)	Election	n on			State o	f L
	on-election ) (MY)	30-Day  POST-Election  Report for the:	General (300	a)	Runoff (3	OR)	Special (30S)
Termination (TER)	n Report	Election	n on	D = D /	Y Y Y	in the State o	f
5. Covering Period	09 / O1	2015	through	M M 09	/ D D /	2015	
I certify that I have exa	mined this Report ar	nd to the best of	my knowledge and b	pelief it is true	e, correct and	l complete.	
Type or Print Name of	Treasurer DR. DOU	GLAS J. MATHISE	N				
Signature of Treasurer	DR. DOUGLAS J. M	MATHISEN	[Electronically	Filed] D	ate 10	/ 09 /	2015
NOTE: Submission of fal	se, erroneous, or inco	mplete_information	may subject the pers	son signing th	is Report to th	e penalties of 2 l	J.S.C. §437g.
Office Use						FEC FOR Rev. 12/2	
Only							

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

### SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

01 2015 09 30 2015 Report Covering the Period: 09 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 84511.43 January 1, 2015 (b) Cash on Hand at 89174.96 Beginning of Reporting Period..... 108124.00 3055.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 92229.96 192635.43 6(a) and 6(c) for Column B)..... 12375.47 112780.94 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 79854.49 79854.49 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

2500.00 2500.00 3055.00 0.00 3055.00 0.00 0.00 0.	COLUMN B Calendar Year-to-Date  91875.00  16249.00  108124.00  0.00  108124.00  0.00  0.00  0.00
3055.00 0.00 0.00 3055.00 0.00 0.00	16249.00 108124.00 0.00 0.00 108124.00 0.00
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0.00	3.00
0.00	0.00
0.00	0.00
0.00	0.00
	0.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	sbursements COLUMN A Total This Period		
Operating Expenditures: —	Total Tills I cilou	Calendar Year-to-Date	
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(i) N 5 1 101	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
(b) Other Federal Operating  Expenditures	375.47	4780.94	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	375.47	4780.94	
Transfers to Affiliated/Other Party			
Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	12000.00	108000.00	
Independent Expenditures	0.00	0.00	
(use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
(22.23.000.00)		7 7 7	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
4) 5 111 15 1 6 11	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(646) 46 (7166)			
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
Oll - Did - see - to		0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
_	7		
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12375.47	112780.94	
Total Federal Disbursements			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	12375.47	112780.94	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
penditures		Odiendai Tear-to-Date
3. Total Contributions (other than loans)		
(from Line 11(d), page 3)	3055.00	108124.00
4. Total Contribution Refunds		
(from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans)		
(subtract Line 34 from Line 33)	3055.00	108124.00
6. Total Federal Operating Expenditures		4700.04
(add Line 21(a)(i) and Line 21(b)) ▶	375.47	4780.94
7. Offsets to Operating Expenditures		
(from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures	075 47	1770.04
(subtract Line 37 from Line 36)	375.47	4780.94

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	INE NU	JMBER	:	PAGE	6	OF	13
(check	only or	ne)					
<b>X</b> 1	1a	11b		11c	12		
1	3	14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SU	JRGEONS POLITICAL ACTION CC	MMITTEE
Full Name (Last, First, Middle Initial) DR. CHADRICK E. DENLINGER		Date of Receipt
Mailing Address 1124 DELEISSELINE BOU	JLEVARD	09 30 2015
City	State Zip Code	Transaction ID : SA11AI.6395
MT. PLEASANT	SC 29464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
MEDICAL UNIVERSITY OF S.C.	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) DR. ANTHONY MOULTON		Date of Receipt
Mailing Address 1 RANDALL SQUARE	<del></del>	09 11 2015 _
City	State Zip Code	Transaction ID : SA11AI.6367
PROVIDENCE	RI 02904	Amount of Each Receipt this Period
FEC ID number of contributing		Tanada S. Eddin (1885) tillb i Griod
federal political committee.	C	500.00
Name of Employer	Occupation	
SEA COAST THORACIC CV SURGERY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)	I.	2. (2
DR. YOSHIFUMI NAKA		Date of Receipt
Mailing Address 177 FORT WASHINGTON	AVENUE	09 29 2015
City	State Zip Code	Transaction ID : SA11AI.6405
NEW YORK	NY 10032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
COLUMBIA UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL of Heceipts This Fage (optional)		7 7
TOTAL This Period (last page this line numb	per only)	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR I	LINE N	NUN	/IBER:	PAGE	7	OF	13
(check	only	one	<del>)</del> )				
X 1	1a		11b	11c	12		
1	3	1	14	15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SU	RGEONS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial)  DR. PAUL A. THOMAS  Mailing Address 5127 ELLINGTON AVENUE	<u> </u>	Date of Receipt
City WESTERN SPRINGS	State Zip Code IL 60558	09 30 2015  Transaction ID : SA11AI.6403  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  RETIRED  Receipt For:	Occupation PHYSICIAN  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  DR. LEAR VON KOCH  Mailing Address 720 MADISON AVENUE		Date of Receipt  09 29 _2015 _
City SCRANTON	State Zip Code PA 18510	Transaction ID : SA11AI.6407  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED Receipt For:	Occupation PHYSICIAN	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address  City	State Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	er only)	2500.00

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SC	CHEDULE B (FEC Form 3X)			OR LINE NUMBER: PAGE 8 OF 13						12			
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ITEMIZED DISBURSEMENTS			category of the	`						25	5 26	26	
		Detailed	Summary Page		27	28a	H	28b		28c	29		30b
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	for commercial purposes, other than using the nam												
	NAME OF COMMITTEE (In Full)												
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Α.	Full Name (Last, First, Middle Initial)					D - 1	۲۵.						
A.	AMERICAN EXPRESS					Date o							
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		Primary	General										
	President	Other (spec	cify) 🔻										
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	SAN FRANCISCO	CA	94128			ırans	sacti	on ID	: SB	21B.63	5/1		
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		Other (spec											
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	Full Name (Last, First, Middle Initial)												
C.	MERCHANT SERVICES					Date o	of Dis	burse	ment				
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	Mailing Address 7300 CHAPMAN HIGHWAY					09	_	02	2		2015		
	City S	State	Zip Code										
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for each category of the Detailed Summary Page    Section   Page   Page	SCHEDULE B (FEC Form 3X)	Han any series of the Co	FOR LINE	NUMBER:	PAGE 9 OF 13
Detailed Summary Page    27   28   28   28   29   30b   29   30b   30c   29   30b   30c   29   30b   30c	ITEMIZED DISBURSEMENTS		1 ` `	· — ′ —	23 24 25 25
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  A. MERCHANT SERVICES  Mailing Address 7300 CHAPMAN HIGHWAY  City  KNOVILLE  TN 37920  Purpose of Disbursement  CREDIT CARDS FEES  Candidate Name  Category/ Type  State  President  District  Full Name (Last, First, Middle Initial)  B. SUNTRUST BANK  Mailing Address 3440 WISCONSIN AVENUE, NW  City  WASHINGTON  CREDIT CARDS FEES  Candidate Name  Category/ Type  District  Full Name (Last, First, Middle Initial)  CREDIT CARDS FEES  Candidate Name  Category/ Type  Transaction ID : SB218.6330  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB218.6330  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB218.6390  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB218.6390  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB218.6390  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB218.6390  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB218.6390  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB218.6390  Amount of Each Disbursement this Period  Category/ Type  Candidate Name  Category/ Type  District  Candidate Name  Category/ Type  District  Category/ Type  Collies Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  District  Category/ Type  Dis					
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In First, Middle Initial)  SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  A. MERCHANT SERVICES  Mailing Address 7300 CHAPMAN HIGHWAY  City  State  Transaction ID: S8218.6374  Amount of Each Disbursement (ReDri CARDS FEES)  Cardiddite Name  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  B. SUNTRUST BANK  Mailing Address 3440 WISCONSIN AVENUE, NW  City  State  Purpose of Disbursement  City  State  Primacy  State  Zip Code  WASHINGTON  DC 20016  Transaction ID: S8218.6390  Amount of Each Disbursement  Dis	Any information copied from such Reports and Stat	ements may not be sold or us			
Full Name (Last, First, Middle Initial)  A. MERCHANT SERVICES  Mailing Address  City  State  Disbursement  To 37920  Transaction ID : S8218.6374  Amount of Each Disbursement this Period  Category/ 19pe  Transaction ID : S8218.6374  Amount of Each Disbursement this Period  Category/ 19pe  Transaction ID : S8218.6374  Amount of Each Disbursement this Period  Category/ 19pe  Transaction ID : S8218.6374  Amount of Each Disbursement this Period  Category/ 19pe  Transaction ID : S8218.6374  Amount of Each Disbursement this Period  Category/ 19pe  Transaction ID : S8218.6374  Amount of Each Disbursement this Period  Category/ 19pe  Transaction ID : S8218.6390  Amount of Each Disbursement this Period  Category/ 19pe  Transaction ID : S8218.6390  Amount of Each Disbursement this Period  Category/ 19pe  Transaction ID : S8218.6390  Amount of Each Disbursement this Period  Category/ 19pe  Transaction ID : S8218.6390  Amount of Each Disbursement this Period  Category/ 19pe  Date of Disburseme	or for commercial purposes, other than using the na				
Full Name (Last, First, Middle Initial)  A. MERCHANT SERVICES  Mailing Address 7300 CHAPMAN HIGHWAY  City State Zip Code TN 37920  Transaction ID : SB21B.6374  Amount of Each Disbursement this Period Category' Type  Office Sought: House Primary General Disbursement Box Category' Type  City State Zip Code Disbursement this Period Category' Type  State: District: Pull Name (Last, First, Middle Initial)  B. SUNTRUST BANK  Mailing Address 3440 WISCONSIN AVENUE, NW  City State Zip Code DC 20016  Purpose of Disbursement BANK CHARGES  Candidate Name  Category' Type  Office Sought: House Disbursement For: Category' Type  Office Sought: House Disbursement For: Disbursement For: Category' Type  Office Sought: House Disbursement For: Category' Type  Date of Disbursement this Period  Category' Type  Office Sought: House Disbursement For: Category' Type  Date of Disbursement this Period  Category' Type  Office Sought: House Disbursement For: Senate Primary General Primary General Primary General Primary General Disbursement For: Senate Primary General Primary General Disbursement For: Senate Prim	· · · ·	EONO DOLITIONI A	OTION 00		<u>-</u>
MERCHANT SERVICES  Mailing Address 7300 CHAPMAN HIGHWAY  City State Zip Code TN 37920  Transaction ID : SB21B.6374  Amount of Each Disbursement this Period Category' State District:  Full Name (Last, First, Middle Initial)  State District:  City State Zip Code TN 37920  Transaction ID : SB21B.6374  Amount of Each Disbursement this Period Category' State District:  Full Name (Last, First, Middle Initial)  City State Zip Code Disbursement Bank CHARGES  Candidate Name  Category' Type  Date of Disbursement Bank CHARGES  Candidate Name  Category' Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Candidate Name  Category' Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  City State Zip Code  Purpose of Disbursement Bank CHARGES  Category' Disbursement Bank CHARGES  Category' Disbursement Bank CHARGES  Category' Disbursement Bank CHARGES  Category' Disbursement Bank CHARGES  City State Zip Code  Category' Disbursement Bank CHARGES  Category' Disbursement Bank CHARGES  Category' Disbursement Bank CHARGES  Amount of Each Disbursement Bank CHARGES  Category' Disbursement Bank CHARGES	SOCIETY OF THORACIC SURG	EONS POLITICAL A	CTION CC	MMIII I E E	:
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Mailing Address 7300 CHAPMAN HIGHWAY  City  Characteristics  Candidate Name  City  City  State  Disbursement  State  Disbursement  Category/ Type  Disbursement  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Transaction ID : S8218.6374  Amount of Each Disbursement this Period  Category/ Type  Sa_26  Transaction ID : S8218.6374  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disbursement  State:  District:  Full Name (Last, First, Middle Initial)  Suntrust Bank  Mailing Address 3440 WISCONSIN AVENUE, NW  City  Sanate  Primary  Category/ Type  Disbursement For:  Senate  Primary  General  Other (specify) ▼  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : S8218.6390  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : S8218.6390  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Transaction ID : S8218.6390  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  State:  District:  Full Name (Last, First, Middle Initial)  Category/ Type  Categor	A. MERCHANT SERVICES				
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	for commercial purposes, other than using the nam							
abla	NAME OF COMMITTEE (In Full)							
$  \ \rangle$	SOCIETY OF THORACIC SURGE	ONS POLITICAL A	CTION CO	MMITTEE				
$\angle$								
	Full Name (Last, First, Middle Initial)							
Α.	BECERRA FOR CONGRESS			Date of Disbursement				
	Moiling Address D.O. DOV 74504			09 28 2015				
	Mailing Address P.O. BOX 71584			09 26 2015				
	City	State Zip Code						
	LOS ANGELES	CA 90071		Transaction ID : SB23.6391				
	Purpose of Disbursement							
	CONTRIBUTION			Amount of Each Disbursement this Period				
	Candidate Name		Category/	1000.00				
	XAVIER BECERRA	ment Ferri 2042	Туре	1000.00				
		nent For: 2016 Primary General						
	President	Other (specify)						
	State: CA District: 34	Canon (opcomy)						
_	Full Name (Last, First, Middle Initial)							
В.	•			Date of Disbursement				
				09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 830 NORTHEAST HOLLADAY							
		_						
	•	State Zip Code OR 97232		Transaction ID : SB23.6386				
	PORTLAND Purpose of Disbursement	OR 97232						
	CONTRIBUTION			Amount of Each Disbursement this Period				
	Candidate Name		Category/					
	EARL BLUMENAUER		Type	1000.00				
	Office Sought: House Disbursen	nent For: 2016						
		Primary General						
		Other (specify) ▼						
	State: OR District: 03							
_	Full Name (Last, First, Middle Initial)			B (B)				
C.	COMMITTEE TO RE-ELECT LIND	A SANCHEZ		Date of Disbursement				
	Mailing Address 440 49T STREET SE			09 21 2015				
	Mailing Address 410 1ST STREET, SE			09 21 2015				
	City	State Zip Code		Transaction ID   ODGG 0075				
	WASHINGTON	DC 20003		Transaction ID: SB23.6378				
	Purpose of Disbursement CONTRIBUTION							
				Amount of Each Disbursement this Period				
	Candidate Name		Category/	1000.00				
	LINDA SANCHEZ  Office Sought:	ment For: 2016	Туре					
		nent For: 2016  Primary General						
	President	Other (specify)						
	State: CA District: 38	- · · · · (-						
Г	- 00							
s	UBTOTAL of Disbursements This Page (optional)			3000.00				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NUMBER: PAGE 11 OF 13					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)  22   X   23   24   25   26   28a   28b   28c   29   30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE								
Full Name (Last, First, Middle Initial)								
A. DR. RAUL RUIZ FOR CONGRESS  Mailing Address P.O. BOX 6116	8		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
			Q					
LA QUINTA	State Zip Code CA 92248		Transaction ID : SB23.6381					
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period					
Candidate Name RAUL RUIZ		Category/ Type	1000.00					
Senate President	nent For: 2016  Primary General  Other (specify)							
State: CA District: 36  Full Name (Last, First, Middle Initial)								
B. FRIENDS OF PAT TOOMEY			Date of Disbursement					
Mailing Address 228 SOUTH WASHINGTON STRI	EET		09 28 2015					
ALEXANDRIA	State Zip Code VA 22314		Transaction ID : SB23.6393					
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period					
Candidate Name PATRICK J. TOOMEY		Category/ Type	1500.00					
	nent For: 2016  Primary General  Other (specify)							
Full Name (Last, First, Middle Initial)  C. GRASSLEY COMMITTEE			Date of Disbursement					
Mailing Address P.O. BOX 1000			09 21 2015					
City S DES MOINES	State Zip Code IA 50304		Transaction ID : SB23.6382					
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period					
Candidate Name CHARLES E. GRASSLEY		Category/ Type	1000.00					
Office Sought:  House Senate President State: IA District: 00	nent For: 2016 Primary General Other (specify)							
SUBTOTAL of Disbursements This Page (optional)		·····	3500.00					
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 12 OF 13		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27			
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SOCIETY OF THORACIC SURGE	ONS POLITICAL AC	CTION CO	MMITTEE		
Full Name (Last, First, Middle Initial)  A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE  Mailing Address 1150 UNIVERSITY AVENUE			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code				
ROCHESTER	NY 14607		Transaction ID : SB23.6392		
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name  LOUISE MCINTOSH SLAUGHTER  Office Sought: House Disbursement For: 2016  Category  Type			1000.00		
Office Sought:    House   Disburser	Primary General Other (specify)				
Full Name (Last, First, Middle Initial)					
B. PAUL TONKO FOR CONGRESS			Date of Disbursement		
Mailing Address 911 CENTRAL AVENUE			09 21 2015		
City ALBANY Purpose of Disbursement	State Zip Code NY 12206		Transaction ID : SB23.6375		
CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name PAUL D. TONKO		Category/ Type	1000.00		
	nent For: 2016 Primary General Other (specify)				
Full Name (Last, First, Middle Initial)  C. RENEE ELLMERS FOR CONGRE	Date of Disbursement				
Mailing Address P.O. BOX 99567			09 21 2015		
RALEIGH	State Zip Code NC 27624		Transaction ID : SB23.6383		
Purpose of Disbursement CONTRIBUTION Candidate Name			Amount of Each Disbursement this Period		
RENEE JACISIN ELLMERS					
Office Sought:    House   Disburser	nent For: 2016 Primary General Other (specify)				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or solicit contributions from such committee. The purpose of State Support of the purpose of State Support of Thoracid Committee to solicit contributions from such committee. The purpose of State Support of Thoracid Committee to solicit contributions from such committee. The purpose of State Support of Thoracid Committee to solicit contributions from such committee. The purpose of State Support of State State Support of State State Support of State State State Support of State State State State Support of State	SCHEDULE B (FEC Form 3X)	Hoo consesses askerticle()	FOR LINE NUMBER: PAGE 13 OF 13				
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Office Sought: House Senate Primary General Other (specify) ▼    Full Name (Last, First, Middle Initial)	CONTRIBUTION			Amount of Each Di	isbursement this Period		
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B. Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. State Zip Code  Purpose of Disbursement For:  Senate Primary General Other (specify) ▼  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement  Date of Disbursement this Proceedings of Disbursement this Proceedings of Disbursement  Candidate Name  Office Sought: House Disbursement For:	Senate President	Primary General					
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Amount of Each Disbursement this Pound of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For:							
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Pound							
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  C.  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Primary General Other (specify) ▼  Category/ Type  Amount of Each Disbursement this Primary General Other (specify) ▼  Category/ Type  Office Sought: House Disbursement For:	Mailing Address			w = M / D ■ D	, , , , , , , , , , , , , , , , , , ,		
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Primary General Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement this Primary General Other (specify) ▼  Category/ Type  Office Sought: House Disbursement For:	City S	tate Zip Code					
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For:	Purpose of Disbursement			Amount of Each Disbursement this Period			
Office Sought: House Disbursement For: Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Disbursement For:	Candidate Name						
Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For:	Senate President	Primary General	71: -				
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For:							
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For:							
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For:	Mailing Address						
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Candidate Name  Category/ Type  Office Sought: House Disbursement For:	Purpose of Disbursement			A	talanga ang ang ang		
Office Sought: House Disbursement For:	Candidate Name		Amount of Each Disbursement this Period				
President Other (specify) ▼ State: District:	Senate President	Primary General					
	<u> </u>				2500.00		
30BTOTAL OF DISDUISEMENTS THIS Page (optional)					12000.00		